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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
GK-HIK-2006/500572.20049

In re Application of Atsuhiko NAGAYOSHI, et al.

Application Number 10/088,889

Filed
March 22, 2002

For A TWO-SIDE MULTIPLE LAMP TYPE ON-LINE INTERNAL QUALITIES
INSPECTION SYSTEM

Group Art Unit 2877

Examiner
Layla G. Lauchman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entire fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
☒ Two months (37 CFR 1.17(a)(2)) \$ 215.00
☐ Three months (37 CFR 1.17(a)(3)) \$ _____
☐ Four months (37 CFR 1.17(a)(4)) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1529

I have enclosed a duplicate copy of this sheet.

11/15/2004 SDAVIS 00000001 501529 10088889
01 FC:1201 Pam the applicant/inventor

176.00 ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 4, 2004

Date

Signature
Harry K. Ahn

Reg. No.: 40,243

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail No.: EV 374565577 VS
I hereby certify that this Correspondence is being deposited with the USPS Express mail under 37 CFR 1.10 in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313 1450

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875

Application or Docket Number

10088889

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$_____
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	\$_____
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

amend

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
11-304			
Total (37 CFR 1.16(c))	12	Minus ** 20	=
Independent (37 CFR 1.16(b))	5	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus **	=
Independent (37 CFR 1.16(b))		Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus **	=
Independent (37 CFR 1.16(b))		Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.